

# Application for Mediation Services

Louisville Metro Department of Neighborhoods

## Neighborhood Mediation Referral Program Neighborhood

*Updated 06/2008*

### **Group Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Phone: ( ) \_\_\_\_\_ Federal ID#: \_\_\_\_\_  
(if any)

Email: \_\_\_\_\_

### **Primary Contact:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Phone: ( ) \_\_\_\_\_ (Home) ( ) \_\_\_\_\_ (Work)  
( ) \_\_\_\_\_ (Cell)

Email: \_\_\_\_\_

Position with group: \_\_\_\_\_

### **Secondary Contact:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Phone: ( ) \_\_\_\_\_ (Home) ( ) \_\_\_\_\_ (Work)  
( ) \_\_\_\_\_ (Cell)

Email: \_\_\_\_\_

Position with group: \_\_\_\_\_



**Statement of Problem:**

Please state the problem for which you are seeking assistance. If necessary, use an additional sheet of paper.

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**Organization Form:**

Is your organization incorporated? Yes \_\_\_\_ No \_\_\_\_ Date incorporated: \_\_\_\_\_

If not incorporated, when was your group founded? \_\_\_\_\_

Do you have IRS tax exempt status? Yes \_\_\_\_ No \_\_\_\_ Date tax year ends: \_\_\_\_\_

**Group Purpose:**

What are the purposes of your organization?

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List some current or past activities:

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**Geographic Area:**

List geographical area of operation:

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List Metro Council District: \_\_\_\_\_

**Referred by:**

How did you hear about the referral program?

\_\_\_\_ Department of Neighborhoods' Newsletter \_\_\_\_ Email

\_\_\_\_ Workshop / Meeting \_\_\_\_ Metro Council \_\_\_\_ Other (please list) \_\_\_\_\_

Has your group had previous assistance from Just Solutions? \_\_\_\_\_

If yes, when? \_\_\_\_\_



**Required Signature:**

I hereby request mediation services for the problem stated in this application on behalf of:

\_\_\_\_\_  
Name of organization

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title (if any)

\_\_\_\_\_  
Phone

**Attachments:**

Please attach the following documents to your application:

- \_\_\_\_\_ List of board members and officers or organizing committee.
- \_\_\_\_\_ Any written information available about your organization – including newsletter, articles of incorporation and bylaws (if any), etc.

**Return Completed Form To:**

Department of Neighborhoods  
Attn: Kyle Sawyer-Dailey  
400 South 1<sup>st</sup> Street  
Louisville KY 40202  
(502) 574-3380  
[neighborhoods@louisvilleky.gov](mailto:neighborhoods@louisvilleky.gov)

**Louisville Metro Department of Neighborhoods Contact Information:**

Kyle Sawyer-Dailey (502) 574-3380 Email: [neighborhoods@louisvilleky.gov](mailto:neighborhoods@louisvilleky.gov)  
(502) 574-4227 fax

**Program Administered by:**

JUST  SOLUTIONS

**Program Sponsored By:**



Mayor Jerry E. Abramson  
Louisville Metro Council

